

## Thanks for choosing EnTouch Wireless!

To submit your Lifeline Application:

- 1) Complete **LIFELINE PROGRAM APPLICATION**.  
Lifeline is a government benefit. Complete the form with truthfulness & accuracy.
- 2) Complete **HOUSEHOLD FORM** if you live at a multi-household address.  
Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).
- 3) Copy your **Eligibility & Identification** documents.  
Remember to send copies of these documents (not originals).  
They will NOT be returned. See FAQ for more info on eligibility documents.
- 4) Mail application & COPIES of eligibility documents to:  
EnTouch Wireless  
P.O. Box 37  
Hiawatha, IA 52233
- 5) Your application will be reviewed for completeness & eligibility.
- 6) Upon successful review, you will receive a free phone and Lifeline benefit in the mail within 10 business days.
- 7) EnTouch Wireless will contact you if we cannot process your application.

## Questions?

[enTouchwireless.com](http://enTouchwireless.com)

866.488.8719

**We look forward to being your wireless phone service provider!**



## STATE OF SOUTH CAROLINA

## LIFELINE PROGRAM APPLICATION

**Lifeline Self-Certification Form**

To enroll in the Lifeline America program you need to complete this form. The information is used to certify with the Federal Communications Commission that you are participating in Lifeline with us.

**Lifeline Service Disclosure**

Lifeline is a government assistance program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one Lifeline benefit is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one per household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and Lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless if they qualify for Lifeline.

**STEP 1—APPLICANT INFORMATION****USE BLACK OR BLUE INK ONLY**

|                         |                      |  |                      |
|-------------------------|----------------------|--|----------------------|
| Full Name               | <input type="text"/> | Phone:   | <input type="text"/> |
| Residential Address*:   | <input type="text"/> | <b>*Check One:</b><br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Temporary |                      |
| Billing Address:        | <input type="text"/> |  |                      |
| (*No PO Boxes.)         |                      |  |                      |
| City:                   | <input type="text"/> | State:   | <input type="text"/> |
|                         |                      | ZIP:   | <input type="text"/> |
| Email:                  | <input type="text"/> | Birth Date:  | <input type="text"/> |
| Last 4 digits of SSN *: | <input type="text"/> | New/Conv?:   | <input type="text"/> |
|                         |                      | New Phone:   | <input type="text"/> |
|                         |                      | ESN:   | <input type="text"/> |

**STEP 2: CERTIFICATIONS:** I participate in the following public assistance programs (check one):

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP)   | <input type="checkbox"/> | National School Lunch Program (NSL)              |
| <input type="checkbox"/> | Supplemental Security Income (SSI)                 | <input type="checkbox"/> | Medicaid a/k/a Healthy Connections               |
| <input type="checkbox"/> | Low-Income Home Energy Assistance program (LIHEAP) | <input type="checkbox"/> | Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> | Section 8 Federal Public Housing Assistance        | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Temporary Assistance for Needy Families (TANF)     | <input type="checkbox"/> |  |
| <input type="checkbox"/> |  | <input type="checkbox"/> |  |

|                          |  |          |                        |
|--------------------------|--|----------|------------------------|
| <input type="checkbox"/> | My household income is at or below 135% of 2013 federal poverty guidelines. I provided documentation confirming my household income level. |          |                        |
|                          | # Persons in Household   | Income   | # Persons in Household |
|                          | 1  | \$15,512 | 4                      |
|                          | 2  | \$20,939 | 5                      |
|                          | 3  | \$26,366 | 6                      |
|                          |  |          |                        |

If you do not participate in one of these programs and someone in your household does:

Relationship to Participant: \_\_\_\_\_  
Documents Reviewed for Certification: \_\_\_\_\_  
Name of Person Participating: \_\_\_\_\_

- ☐ I certify that the person demonstrating program participation is a member of my household.
- ☐ I certify that the person name on the participation documentation is not already receiving a Lifeline discount.

**STEP 3: CHOOSE YOUR PLAN:** Choose one of the following plans. This plan will be reloaded to your phone monthly as long as you are eligible & certified.

| FEATURE/ DESCRIPTION                | <input type="checkbox"/> 125 FREE MONTHLY MINUTES | <input type="checkbox"/> 250 FREE MONTHLY MINUTES | <input type="checkbox"/> 250 FREE TALK MONTHLY MINUTES |
|-------------------------------------|---|---|--|
| • Local Calls                       | Y   | Y   | Y  |
| • National Long Distance            | Y   | Y   | Y  |
| • Voicemail                         | Y   | Y   | Y  |
| • Nationwide Text                   | Y- 1 text=1 minute                                | Y- 1 text=1 minute                                | N  |
| • Free 411                          | Y   | Y   | Y  |
| • Carry Over Minutes Month to Month | Y   | N   | N  |

**STEP 4: SIGNATURE (Read, Initial & Sign):**

\_\_\_\_ (init) ) I acknowledge and consent to enTouch Wireless divulging my name, telephone number, address, date of birth, last four digits of SSN or Tribal ID, amount of support being sought, means of qualification for support, and dates of service initiation and termination to the Universal Service Administrative Company (the administrator of the program) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. In the event that USAC identifies me as receiving more than one Lifeline subsidy per household, I acknowledge and understand that all carriers may be notified so that I may select one service and be de-enrolled from the other.

\_\_\_\_ (init) I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required to do so.

\_\_\_\_ (init) I understand that Lifeline is a federal government benefit program and that willfully making false statements in order to obtain this benefit can be punished by fine or imprisonment or I may be barred from the program.

\_\_\_\_ (init) My household will receive no more than one Lifeline-supported service. Lifeline service is available for only one subscription per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the program, and could result in criminal prosecution by the United States government.

\_\_\_\_ (init) I understand that I must notify EnTouch Wireless and provide my new address within 30 days of moving.

\_\_\_\_ (init) If I do not have a permanent address and have supplied instead a temporary address above, I understand that EnTouch Wireless will attempt to verify every 90 days that I continue to rely on that address, and that I must notify EnTouch Wireless within 30 days of my new address after moving. If I do not respond to EnTouch Wireless' address verification attempts within 30 days, I understand that I may be de-enrolled from EnTouch Wireless' Lifeline service.

\_\_\_\_ (init) I understand that I must notify EnTouch Wireless within 30 days if (1) I cease to participate in a federal or state qualifying program or my annual household income exceeds 135 percent of the federal poverty guidelines; (2) I receive more than one Lifeline-supported service; or (3) Another member of my household is receiving a Lifeline benefit or (4) I for any other reason no longer satisfy the criteria for receiving Lifeline support. I understand that I will be subject to penalties if I fail to follow this notification requirement, including being de-enrolled from the Lifeline program.

\_\_\_\_ (init) I understand and acknowledge that Lifeline service is a non-transferable benefit and that I may not transfer my service to any other individual, including another low-income consumer.

\_\_\_\_ (init) I acknowledge that I will be required to re-certify my eligibility for Lifeline benefits annually, and I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.

\_\_\_\_ (init) I hereby authorize the Company to send text messages to my Company provided wireless number about my Lifeline benefit. Text messages sent by the Company will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than the Company.

\_\_\_\_ (init) I attest under penalty of perjury that the information herein is true and correct to the best of my knowledge.

Applicants Signature, \_\_\_\_\_ Date: \_\_\_\_\_

Agents Signature, \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only.

PLACE PHONE ID  
STICKER HERE.

Questions? Call 866-488-8719 for Customer Service.